Ame	O markets if Virginia		
JUN 0 7 2004 H	Complete if Known		
TRANSMITTAL SHEET (FOR FY 2004)	Application No.	09/943,892	
TRANSMITTAL SHEET	Filing Date	August 29, 200 RECEVE	D_
(FOR FY 2004)	First Named Invento	2.10 2.7 4.100.001.	
(. 5 255.)	Group Art Unit	2143 JUN 0 9 2004	
	Examiner	David E. Englachnology Center 2	100
	Atty. Docket Numbe		
METHOD OF PAYMENT (Check One)		FEE CALCULATION (Continued)	-
The Commissioner is hereby authorized to charge any	3. ADDITIONAL FEE	s	
additional fee required under 37 C.F.R. §§ 1.16 and 1.17 and 1.136(a)(3) and credit any over payments to Deposit Account		all Entity	
No.: 50-1266; Deposit Account Name: DORSEY & WHITNEY LLP	Fee Fee Fe Code (\$) Cod	Maria de la companya	ee paid
2. [X] Check Enclosed	_ 1051 <b>130</b> 205		\$
	1052 50 205	or cover sneet	\$
. FEE CALCULATION	1053 130 105	For Filing a Peguest for ex parte	\$
BASIC FILING FEE  Large Entity Small Entity	1812 2,520 181	Reexamination  Requesting publication of SIR prior	\$
Fee Fee Fee Fee Fee Description	1804 920 180	to Examiner action  Requesting publication of SIR photo  Requesting publication of SIR after	\$
Code (S) Code (S)	1805 1,840 180	1,840 Examiner action	\$
	1251 <b>110</b> 225	* · · · · · · · · · · · · · · · · · · ·	\$ 110
	1252 <b>420</b> 225	<del>-</del>	\$
	1253 950 225	###	\$
1004 770 2004 385 [] Reissue Filing Fee	1254 1,480 225	<del></del>	\$
	1255 2,010 225	<u> </u>	\$
Subtotal (1) \$ <u>0</u>	1401 330 240	···	\$
2. EXTRA CLAIM FEES	1402 330 240 1403 290 240	<u> </u>	<u>\$</u>
Current Claims	1814 110 281	900 N	\$
Total $\frac{7}{1} - \frac{20}{3} = \frac{0}{0} \times \frac{\$18}{\$86} = \frac{\$0}{\$0}$	1452 110 245	<u> </u>	\$
Multiple Dependent Claims x \$ = \$	1453 1,330 245	<u> </u>	
Subtotal (2) \$ 0	1501 <b>1,330</b> 250	1 665 Utility/Reissue issue fee	\$
. Substitut (2)	1502 480 250	2 240 Design issue fee	\$
Large Entity Small Entity	1503 640 250	3 320 Plant issue fee	\$
Fee Fee Fee Sode (5) Fee Description	1460 130 146	0. 130 Petitions to the Commissioner	\$
1202 18 2202 9 Claims in excess of 20	1807. 50 180	7 50 Processing fee under 37 CFR 1.17(q)	\$
1201 86 2201 43 Independent claims in excess of 3	1806 180 180	180 Submission of IDS	\$
1203 290 2203 145 Multiple dependent Claim Reissue independent claims over	8021 40 802		\$
original patent  Reissue claims in excess of 20 and	1801 770 280	properties)	\$ 770
1205 18 2205 9 over original patent	Other fee (specify)	(RCE)	<u> </u>
	Office (specify)	Subtotal (3)	\$ 880
		Total Amount of Payment:	\$ 880
Submitted by:		Total Amount of Laymont.	<del>-</del>
Name: Mark W. Roberts, Ph.D. Reg. No.: 46,160		Telephone: (206) 903-8800	
W W Ph		Date: 06-03-04	
Signature: Mala. Labor	oa 020904 doc	Date: 06-03-07	

Signature: Mand. Laura
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